

SAFETY SEAL CHECKLIST

(Form 1.0)

A. DETAILS OF THE ESTABLISHMENT

Name of Establishment: _____

Type of Establishment:

- Retailers Membership Shopping Clubs
HWare/Construction Store Barbershop/Salon
Service/Repair Shop Logistics Outlets

Email Address: _____

Application Token: _____

Location of Establishment (complete address):

Safety Seal # (if any): _____

B. SAFETY SEAL ELIGIBILITY CHECK

- Mayor's Permit**
 Registration with StaySafe.ph (establishment has StaySafe.ph QR code; used by employees, customers, and visitors) or contact tracing is integrated with StaySafe
 Compliance with Minimum Public Health Standards (establishment does not have a NO answer in below Minimum Public Health Standards Checklist)

C. MINIMUM PUBLIC HEALTH STANDARDS

JMC 21-01 MINIMUM PUBLIC HEALTH STANDARDS (MPHS)	Y	N	N/A
1. Available screening or triage area at different points-of-entry where:			
a. Employees submit health declaration and/or symptoms are assessed			
b. Non-contact temperature check is performed to all employees, customers, and any individuals who enter the premises			
c. Customers and other individuals who enter the establishment are asked to register for contact tracing with STAYS SAFE.PH			
d. For medium and large establishments, Isolation area shall be installed for symptomatic employees and once identified as a suspect COVID-19 case shall be reported to the Barangay Health and Emergency Response Team (BHERT) immediately for proper observance of COVID-19 protocol			
2. Handwashing stations, soap, and sanitizers, and hand drying equipment or supplies (e.g., single use paper towel) are available to employees and clients/visitors and placed in strategic locations in the establishment			
3. Observance of physical distancing or spacing through installation of physical barriers in enclosed areas where physical distancing may be compromised, i.e., blocking off of chairs, use of markers or stickers on the floor for spacing			
4. Adequate air exchange in enclosed (indoor) areas			
4.1 For non-airconditioned Spaces/Workplaces			
a. Windows are kept open, are clean-free from all types of dusts/debris			
b. There is no lingering smell, stuffiness of room, feeling of humidity, and/or smokiness of room			
c. The nearby space of the openable windows is free from toxic gases and other pollutants			
d. There are ventilating fans circulating air in the workspaces			
e. Supply-only ventilation fans are installed where fresh air cannot be obtained by natural ventilation			
f. Exhaust fans are continuously running during occupancy			
g. Airflow from intake to exhaust provides fresh ventilated air to all occupied work spaces			
h. Number of exhaust fans are enough with respect to the volume of the room to have air change			

	Y	N	N/A
4.2. For Airconditioned Spaces/Workplaces			
a. HVAC system or air conditioning (AC) unit provides outdoor air and maintained free from dusts, molds, etc.			
b. Air Handling Unit (AHU) or AC unit uses and can handle MERV 13 or higher filter rating and regular change/cleaning of filters are done and louvers are in upward position			
c. Exhaust fans (wall mounted, kitchen hoods, etc.) are installed (if applicable in the HVAC design)			
d. There is no lingering smell, stuffiness of room, feeling of humidity, and/or smokiness of room			
e. Windows, doors, or other openings can be or is regularly opened to increase ventilation			
f. Ventilating fans does not blow air from person to person			
g. Portable air purifier, if used has HEPA filters			
h. Airflow from intake to exhaust provides fresh ventilated air to all occupied work spaces without objectionable drafts			
i. Air change per hour of 6-12 within occupied workspaces maintains CO2 levels below 1,000 ppm at all times			
j. Indoor room temperature has no sudden variations or is not excessively hot or cold			
5. Regular sanitization of chairs, desks, tables, counters, pens, doorknobs, equipment, devices, workstations, comfort rooms, and other high-touch surfaces			
6. Wearing of facemasks, face shields, especially in enclosed spaces and wearing of other protective outer garments as warranted			
7. Referral system for medical and psychosocial services is available			
8. Designation of Safety Officer who shall: <ul style="list-style-type: none"> • coordinate with the appropriate bodies for support and referral to community-based isolation facilities for confirmed cases, and to health facilities for severe and critical care; • Undertake contract tracing or coordinate the conduct thereof; • Monitor status of employees quarantined or isolated; • Implement return to work policies 			
9. Facility for proper storage, collection, treatment, and disposal of used facemasks and other infectious waste. <ul style="list-style-type: none"> • designated yellow bin for infectious waste • signage on how to properly dispose used facemasks (<i>sanitize hands before taking off masks, take masks off by the earloops, spray with alcohol, place the same in a plastic bag before disposing in the yellow bin, sanitize hands</i>) 			

DTI-DOLE GUIDELINES (JMC 20-04A)	Y	N	NA
Designated smoking areas, if there are, are provided with individual booths, subject to the applicable requirements and standards under RA 9211 and EO. 26 s. 2017. Employees are required to strictly observe physical distancing measures and other applicable health protocols (i.e. no talking inside designated smoking areas).			
For workplaces with canteens			
1. Employees strictly comply with the physical distancing of at least (1) meter and are prohibited from talking with each other.			
2. The employer provides signages, physical barriers, and such other means to ensure compliance with the prescribed protocols.			
3. The use of communal items such as, but not limited to, dipping sauces and condiments, utensil dispensers, and straw dispensers, is strictly prohibited.			
4. Serving of buffet meals and other similar set-ups is prohibited			

FOR BARBERSHOPS AND SALONS ONLY	Y	N	NA
Sanitizing equipment and tools are visible to clients.			
Companions are not allowed entry, unless absolutely necessary.			

UNDERTAKING AND REPRESENTATIONS

I _____, (owner / manager / person-in-charge) of the establishment indicated herein hereby warrants to the DTI that I am authorized to legally bind the said establishment and I confirm that the information herein are true and correct based on personal knowledge and authentic records.

I am voluntarily applying for the Safety Seal Certification program. As applicant, I commit continuous compliance of my **establishment with the minimum public health standards, including the use of StaySafe.ph, or a digital contact tracing application integrated therewith and agree to implement corrective actions, if any, within the time period agreed with DTI.** If granted the Seal and for any reason, I receive a notification or order revoking my Safety Seal, I also commit to remove the said seal in my establishment/s or website/s upon receipt of notification/order.

Signature over Printed Name of Owner/
President/Manager of Establishment

Place _____
Date _____

Date Inspected: _____

Name and Signature of Inspection Officer/s:

_____	_____
_____	_____
_____	_____